Napa County Emergency Ride Home Program

SOLANO | NAPA COMMUTER INFO

EMPLOYEE REGISTRATION FORM & LIABILITY WAIVER

Name _____

Employer _____

Department _____

Supervisor _____

Work Address _____

City _____ Zip _____

Work Phone (_____)_____

Home Address_____

City _____ Zip _____

Home Phone (_____)_____

Email _____

Number of miles you live from worksite _____

If you use a wheelchair or would require an accessible vehicle, please check box. ☐

Please indicate the number of days per week you use each of the following for your commute to work:

Carpool _____   Vanpool _____

Train _____   BART/Bus _____

Ferry _____   Walk _____

Bicycle _____

If you would like assistance forming or joining a carpool or vanpool, please check box. ☐

How did you find out about the Emergency Ride Home Program? _____
_____

The Emergency Ride Home program ("the Program") is a purely voluntary program offered by Solano Transportation Authority (STA) and Solano Napa Commuter Information (SNCI) in cooperation with my employer,

_____ .
(Company name)

I hereby acknowledge that I am voluntarily participating in the Program. I hereby assume full responsibility for all liability and all risk of injury or loss, including death, which may result from my participation in this program. I hereby agree to hold harmless, release, waive, forever discharge and covenant not to bring legal action or claim against STA and SNCI and their officers, employees, and agents from any and all claims or demands I may have by reason of any accident, illness, injury or death, or damage to or loss or destruction of any property, arising or resulting directly or indirectly from my participation in the Program and occurring during such participation or any time subsequent thereto. This Liability Waiver and General Release of All Claims applies whether or not such loss, injury or death is caused or is alleged to be caused by any act or omission by STA or SNCI or other parties, negligent or otherwise, related to my participation in the Program. This Liability Waiver and General Release of All Claims is binding on my heirs, executors, administrators and all of my family members.

I hereby acknowledge that my participation in the Program does not in any manner imply that I am acting in the course and scope of official business for my employer, nor does it in any manner establish an employer-employee or agency-employee or agency relationship with SNCI.

I affirm that the information that I have provided is true and I have reviewed the rules and regulations of this program. I recognize that I will be charged by the Napa Emergency Ride Home Program for any proven fraudulent use of this Program.

Signature _____ Date _____

Please mail or fax completed registration form to:
Napa County Emergency Ride Home Program, c/o SNCI,
One Harbor Center, Suite 130, Suisun City, CA 94585
fax 707-424-6074